Consumer Council News

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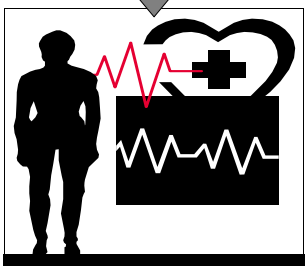
Recovery Training

In May VHA sponsored a workshop on Recovery Based Mental Health Care. This satellite broadcast reached 530 participants across 20 VA Veterans Integrated Networks. As a first step this was a success and will be followed up by more detailed training in psycho-social recovery models. Both Fred Frese and Moe Armstrong from NAMI- gave presentations that enabled participants to get a consumers perspective of mental health care.

Newsletter sponsored by VA Mental Health Consumer Council
FAX comments to Lucia Freedman at 202-273-9069 or call 202-273-8370

CARES REDUX

CARES which stands for Capital Asset Realignment is a bold strategic planning effort to align VA's resources in a manner so as to optimize provision of veterans health care in the next twenty years. Considerable effort has gone into developing quantitative models to project system demand over this time period. For mental health which is considered a special population it has been a concern that the planning model did not have a special model for disability programs. The wealth of modeling data and projection assumptions that have been established for the project do not provide quantitative plans to account for the VA mandate to care for special populations, in particular those with serious mental illness.



We Care About Our Veterans

There is a need to involve the Veteran Integrated Network Mental Health leaders in the process. In most instances there has not been significant clinical involvement. The process has been seen mainly as a planning model that has planner and actuarial consultants who are to take into account stakeholders concerns. Some of the efforts of the CARES process are to identify gaps or redundancies between the supply and current locations of VA health care services . There will need to be a ongoing dialogue between CARES and Mental Health leaders to ensure that the modeling incorporates the continuum of care for vulnerable veterans with mental illness.

Veteran Seeking PTSD Care

What can a veteran expect who is seeking PTSD Care in the VA today? Mental health care is increasingly being provided on an outpatient basis. In 1993, there were approximately 20 inpatient programs providing care to veterans suffering from PTSD and today there are seven. This points to PTSD care being done mostly as an outpatient service. When outcomes for care were evaluated for inpatient setting versus outpatient setting there was generally no difference. Historically in the VA PTSD treatment has largely been delivered on an outpatient basis through specialized outpatient clinics and Vet Centers. Health care providers, legal entities and persons with mental illness themselves generally recognized that health care should be provided in the least restrictive environment possible. Inpatient care must be available when needed, but should be reserved for those situations where outpatient care alternatives are either unavailable or clinically inappropriate. As acute inpatient capacity has diminished in VHA specialized residential and outpatient treatment programs have grown.

The Veterans Millennium Health Care and Benefits Act provided an opportunity to expand programming for PTSD and provided an additional $5.5 million. There were 69 VA Medical Centers that applied for funds. Capacity still needs to be enhanced for the veterans that need this care. The veterans now have more options for residential rehabilitation for

Concern for Mental Health Capacity

April 3, 2002
A letter was sent to the Secretary of the VA expressing concern for Mental Health Capacity. It stated: "As organizations concerned that this nation meet its commitment to veterans with mental illness or substance abuse disorders, we are writing to express our grave concern that the VA health care system is failing to comply with its statutory obligation to provide needed services to these veterans."
The letter went on to state that the VA is obligated by law (38 U.S. Code Section 1706(b)) to provide specialized treatment and rehabilitative services to veterans with mental illness and substance use disorders. A review of the legislative history underlying this law shows that Congress imposed the requirement that VA maintain the capacity to provide specialized services through dedicated programs because of a concern that fiscal pressures associated with a then proposed reorganization of the VHA system might lead administrators to close or shrink these often-costly programs. Those concerns the letter states have regrettably been borne out. For the last four years the SMI Committee charged with oversight of monitoring adherence to the requirements of the capacity law have advised the Under Secretary for Health at VHA that the Department has not maintained capacity for veterans with serious mental illness.
Congress has amended the capacity law twice , once to make explicit that the maintenance of capacity is not simply a VHA wide obligation but applies to each of the 21 Veterans Integrated Service networks (VISNs). Second satisfactory patient outcomes would not satisfy the law. Congress employed very specific, objective measures, requiring VA to maintain funding levels, program levels, staffing levels and patient workload. The letter was signed by seven Veterans Service Organizations and four community mental health advocacy organizations.

Senator Rockefeller convenes Hearings of VHA Mental Health Services

On July 24, Senator Rockefeller convened hearings on the Department of Veterans Affairs ability to deliver quality mental health care to veterans with severe mental illnesses. Fred Frese and Moe Armstrong offered the views of the national Alliance for the Mentally Ill (NAMI). The focus of the testimony given was on providing veterans with a full continuum of care which included accessible physician services, state of the art medications, family education, supported housing and assertive community treatment.
It was the position of NAMI that the lack of access to treatment and community supports for veterans with severe mental illness is the greatest unmet need of the VA. There was emphasis placed on the fact that of the 560 Community Based Outpatient clinics operated by VA only 46% have services for veterans with severe mental illness. There was a recommendation that family psychoeducation and support services be offered to the families of veterans with severe mental illness and in fact NAMI has entered into a partnership with VA to develop the Family-To-Family Education Program. It was pointed out that the VA's funding model VERA (Veterans Equitable Resource Allocations system) under-funds the cost of providing services to veterans with severe mental illness by 20%. There is great interest on the part of NAMI that VA maintain its quality of care for veterans with severe mental illness. Approximately 25% of all veterans receiving treatment within the VA System have a mental health diagnosis. Psychosocial rehabilitation was identified as another key element of a continuum of care along with Vocational Rehabilitation.

Information and Resources

WEB Site for the Presidents Mental Health Commission-Freedom Initiative
www.mentalhealthcommission.gov

August 9-11,2002
National DMDA Annual Conference
Orlando, Florida
1-800-826-3632